

SCHULHOF ANIMAL HOSPITAL
199 Post Rd. West, Westport, CT 06880
P: 203-226-1231 F: 203-226-4847

APPLICATION FOR EMPLOYMENT

Note: Please PRINT (do not type) your answers and write neatly. An illegible application may preclude you from consideration. Only those applications that are filled out completely will be considered. All information requested is important. When information is not applicable or available, please note.

Position applied for _____ Date of application _____

Where did you hear we are hiring? Online _____ Newspaper _____

Name _____ SS# _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Cell _____ Email address _____

If necessary, the best time to call you at home is _____ AM _____ PM

Are you presently employed? Yes No

May we contact you at work? Yes No

If yes, please give work number & best time to call _____

Are you legally eligible for employment in this country on an unrestricted basis? Yes No

If you are not a US citizen, what is your visa/green card status? _____

If applicable, please list your visa type, visa number and expiration date _____

Date available for work _____ What is your desired salary range? _____

Type of employment desired (circle) Full-time Part-time Temporary Volunteer

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide dates and details _____

Driver's license number _____ State _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, please explain _____

Position Information

Have you applied for a position with Schulhof Animal Hospital before? Yes No

Are you able to meet the physical performance requirements of the position for which you are applying? Yes No

If not, please explain: _____

Have you ever been certified/licensed as a veterinary technician? Yes No

In what state(s) _____

Have you ever been or are you currently licensed as a veterinarian? Yes No

In what state(s)/countries? _____

Has your license/certification in any state/country ever been revoked or suspended? Yes No

If yes, please explain _____

Do you have experience in the position for which you are applying? Yes No

If yes, please list details _____

Skills and Qualifications

Please describe any skills you have in the following areas:

Computer: _____

Languages Spoken (other than English): _____

Summarize any special training, skills, licenses/and or certificates that may qualify you as being able to perform job related functions in the position for which you are applying. You may add any comments you think are important.

Employment History

Provide the following information regarding your past and current employers, assignments or volunteer activities, **starting with the most recent**. Please explain any gaps in employment in the section below. **Do NOT reference your resume.**

Employer		Telephone	Dates Employed From To	
Address		Job Title		
Supervisor	Reason for Leaving		Hourly Rate/ Salary Start Finish	
May we contact for reference?	Yes	No	Later	
Position/Duties				
What did you like best about this job?				
What did you like least about this job?				

Employer		Telephone	Dates Employed From To	
Address		Job Title		
Supervisor	Reason for Leaving		Hourly Rate/ Salary Start Finish	
May we contact for reference?	Yes	No	Later	
Position/Duties				
What did you like best about this job?				
What did you like least about this job?				

Employer		Telephone	Dates Employed From To	
Address		Job Title		
Supervisor	Reason for Leaving		Hourly Rate/ Salary Start Finish	
May we contact for reference?	Yes	No	Later	
Position/Duties				
What did you like best about this job?				
What did you like least about this job?				

Comments (including explanation of any gaps in employment) _____

Educational Background

High School

Name and Address

Did you graduate? Yes No

If you did not graduate, did you receive your GED? Yes No

Special honors or awards _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No

Degree or Certification: _____ Specialty _____

Special honors or awards _____

College or University

Name and Address

Did you graduate? Yes No

Degree: _____ Major _____

Special honors or awards _____

Certificates or Licenses

Type of Cert./License _____ License# _____ Date issued _____

State issued: _____ Current through _____

References

List name and telephone number of three business/work references who are NOT related to you, and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Phone	Number of Years Known

Days/Hours Available For Work – all staff are required to work on Saturdays, and Vet. Assistants and Pet Spa Management are required to work on Sundays and Holidays. Please indicate the days and hours available on those days below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Applicant Statement

REQUEST, AUTHORIZATION, AND CONSENT FOR RELEASE OF INFORMATION TO EMPLOYER AND RELEASE FROM LIABILITY FOR DISCLOSURE OF INFORMATION

I certify that all information I have provided in order to apply for and secure work with Schulhof Animal Hospital, LLC is true, complete and correct.

I understand that in connection with the application process, Schulhof Animal Hospital, LLC may request information from my past employers, educational institutions, personal references, and any other public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of any criminal records. I have provided complete and truthful information to Schulhof Animal Hospital, LLC regarding all sources of information about my past employment, education, licensure and/or certification and am aware that any misrepresentations or material omissions concerning such information will be grounds for denying me employment, withdrawing any offer of employment, or immediate discharge regardless of when such misrepresentation or material omission is discovered. In order to assist Schulhof Animal Hospital, LLC in obtaining documents and information to confirm my background, if necessary, I hereby consent to the release of information more specifically described on the following page.

A. Request, Authorization, and Consent to Release of Employment Information and Education Records

I request, authorize, and consent to the release of information to Schulhof Animal Hospital, LLC regarding my previous employment, and authorize all past employers or agents that they may designate, to respond to verbal or written inquires from Schulhof Animal Hospital, LLC regarding my employment record, including, but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful, or threatening behavior, including information based upon materials in my personal files. I also request, authorize, and consent to the release and disclosure to Schulhof Animal Hospital, LLC of educational records from any and all public or private educational institutions that I have attended, including all records of my academic performance, courses attended, grades earned, diplomas, degrees, or other certificates conferred.

x_____

B. Request, Authorization, and Consent to Release of Personal Reference Information

I request, authorize, and consent to Schulhof Animal Hospital, LLC contacting the personal references identified in my application for employment. I specifically request, authorize, and consent to Schulhof Animal Hospital, LLC's verbal or written inquires addressed to my personal references about the information contained in my application, as well as my reliability, honesty, and potential tendency, if any, to engage in any form of violence or other harmful, unsafe, or threatening behavior.

x_____

C. Request, Authorization, and Consent to Release of Licensing or Certification Information

I request, authorize, and consent to the release of information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, information concerning whether such license or certification is in good standing and any disciplinary or other proceedings concerning such license or certification.

x_____

D. Request, Authorization, and Consent to Investigation of Criminal Records and Driving Records

I request, authorize, and consent to Schulhof Animal Hospital, LLC's thorough investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. Schulhof Animal Hospital, LLC has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. I also request, authorize, and consent to Schulhof Animal Hospital, LLC's thorough investigation of my driving record.

x_____

E. Request, Authorization, and Consent to Release of Credit Information

I request, authorize, and consent to the release of information to Schulhof Animal Hospital, LLC regarding my credit history.

x_____

RELEASE OF CLAIMS

I further hereby release and hold harmless Schulhof Animal Hospital, LLC, its officers, employees, agents, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this Request, Authorization, Consent and Release, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract (including any settlement agreement), negligent or intentional infliction of emotional distress, violations of applicable federal or state laws governing employee references and/or disclosures of employment information, and any other potential claims, demands, damages, liabilities, and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have, now or in the future.

I voluntarily grant this release for purposes of supporting my application for employment and based upon my desire to encourage Schulhof Animal Hospital, LLC’s consideration of my application. I understand that I may raise with Schulhof Animal Hospital, LLC any concerns I might have about the information that may be provided to Schulhof Animal Hospital, LLC during its investigation of my application.

I additionally agree to fully cooperate with Schulhof Animal Hospital, LLC in permitting the release of the above information and reports. I additionally understand that all information and documents generated, received, or maintained by Schulhof Animal Hospital, LLC during, or as a result of, its investigation, will be maintained as confidential information and that Schulhof Animal Hospital, LLC will not release such information or documents to me, except as otherwise required by applicable federal, state, or local law.

I understand that the SAH does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of this time, if I have not been offered a position by SAH and again wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I will be offered employment terms suitable to my position and that am free to resign at any time, with or without cause and that SAH reserves the same right to terminate my employment at any time, with or without cause or according to the terms of any contract with SAH as put forth in a subsequent document. This employment application does not, of itself, constitute an agreement or contract for employment for any specified period or definite duration, nor is it an offer of any particular position or described job. I understand that no supervisor or representative of the SAH is authorized to make any assurances to the contrary, and that no implied oral or written agreements contrary to the foregoing express language are valid unless executed in writing and signed by the SAH Owner or Hospital Administrator.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE APPLICANT’S STATEMENT
I certify that I have read, fully understand, and accept all the terms of the foregoing Applicant Statement, AND I CERTIFY THAT I HAVE READ AND CAN PERFORM ALL THE TASKS IN THE JOB DESCRIPTION FOR THE POSITION FOR WHICH I AM APPLYING.

Applicant Signature

Date